



**CRISIS SUPPORT SERVICES**  
of Alameda County

# **Community Gatekeeper Training: Suicide Assessment & Intervention**

**©Crisis Support Services of Alameda County**



# Training Goals

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Recognize when a community member may be at risk for suicide.

Identify warning signs and risk factors that may lead to suicide.

Learn how to assess risk and make a safety plan



# **Crisis Support Services of Alameda County**

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Suicide  
Prevention  
& Crisis  
Intervention

**24-Hour Crisis Line**

**1-800-309-2131**

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**National SP Lifeline Network**

**1-800-273- 8255 (TALK)**

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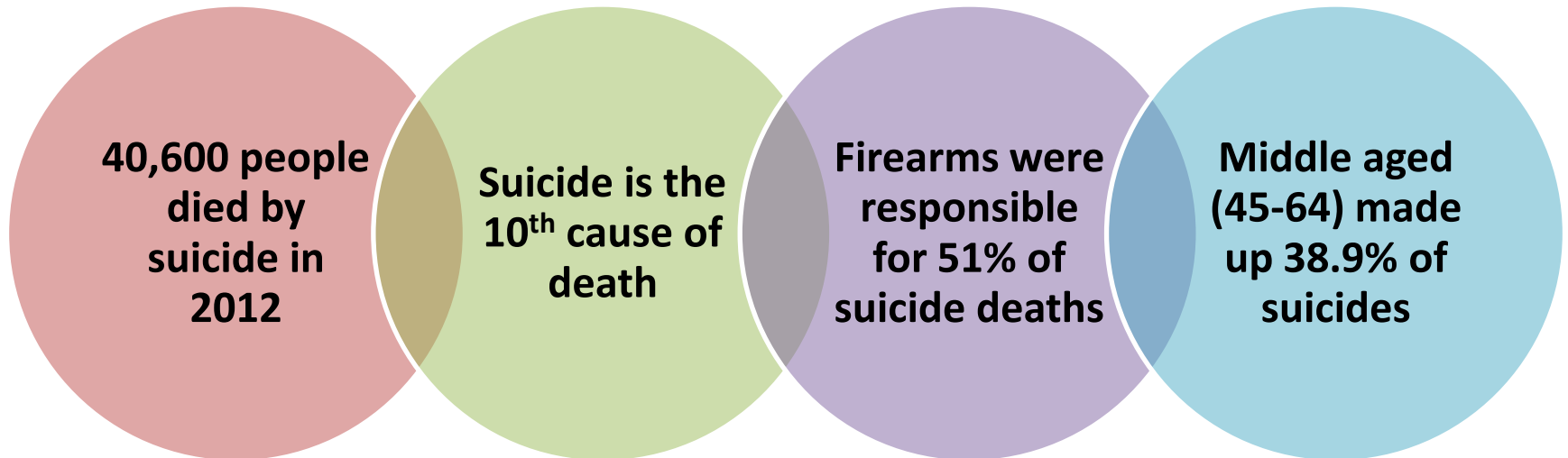
**TextLine (4pm – 11pm Daily)**

Text keyword SAFE to 20121



# Suicide Statistics (2012)

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(American Association of Suicidology, 2011)



# High Risk Groups

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(American Association of Suicidology, 2011)



# Suicide Statistics for High Risk Groups

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Mental health diagnosis are generally associated with higher rates of suicide. Studies suggest that 90% of suicide deaths had one or more mental health disorders

The risk of suicide is increased by more than 50% in depressed individuals

Suicide ranks as the 2<sup>rd</sup> cause of death for adolescents (15-24)

Older adults have rates of suicide close to 50% higher than that of the nation as a whole (all ages)

(American Association of Suicidology, 2010)

# Adverse Childhood Experiences Study

Kaiser Permanents Hospital & Clinic in San Diego & Centers for Disease Control studied:

26,000 adults

17,421 participated

Provided detailed information about their childhood experience of **abuse, neglect, and family dysfunction**



# ACE Study Results

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- Adverse childhood experiences are common
- Childhood trauma experiences powerfully influences who children become as adults
- The more adverse experience the greater the impact on health, mental health, and these have life long consequences
- The impact of ACE are underlying factors for: chronic depression, suicide attempts, mental health challenges, addictions, and victimization of rape and domestic violence

Centers for Disease Control and Prevention & Control: Division of Violence Prevention,  
2014)



# **Relationship of ACE to Suicide**

**The study found  
that individuals  
with four or more  
ACES  
have a 12x  
higher suicide risk**



# **Understanding Suicidal Behavior**

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## Reflection

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*What makes us so  
uncomfortable asking or  
talking about suicide?*



# **The Bridge**

## **A Film by Eric Steel**





# Warning Signs/Risk Factors

## What's the difference?

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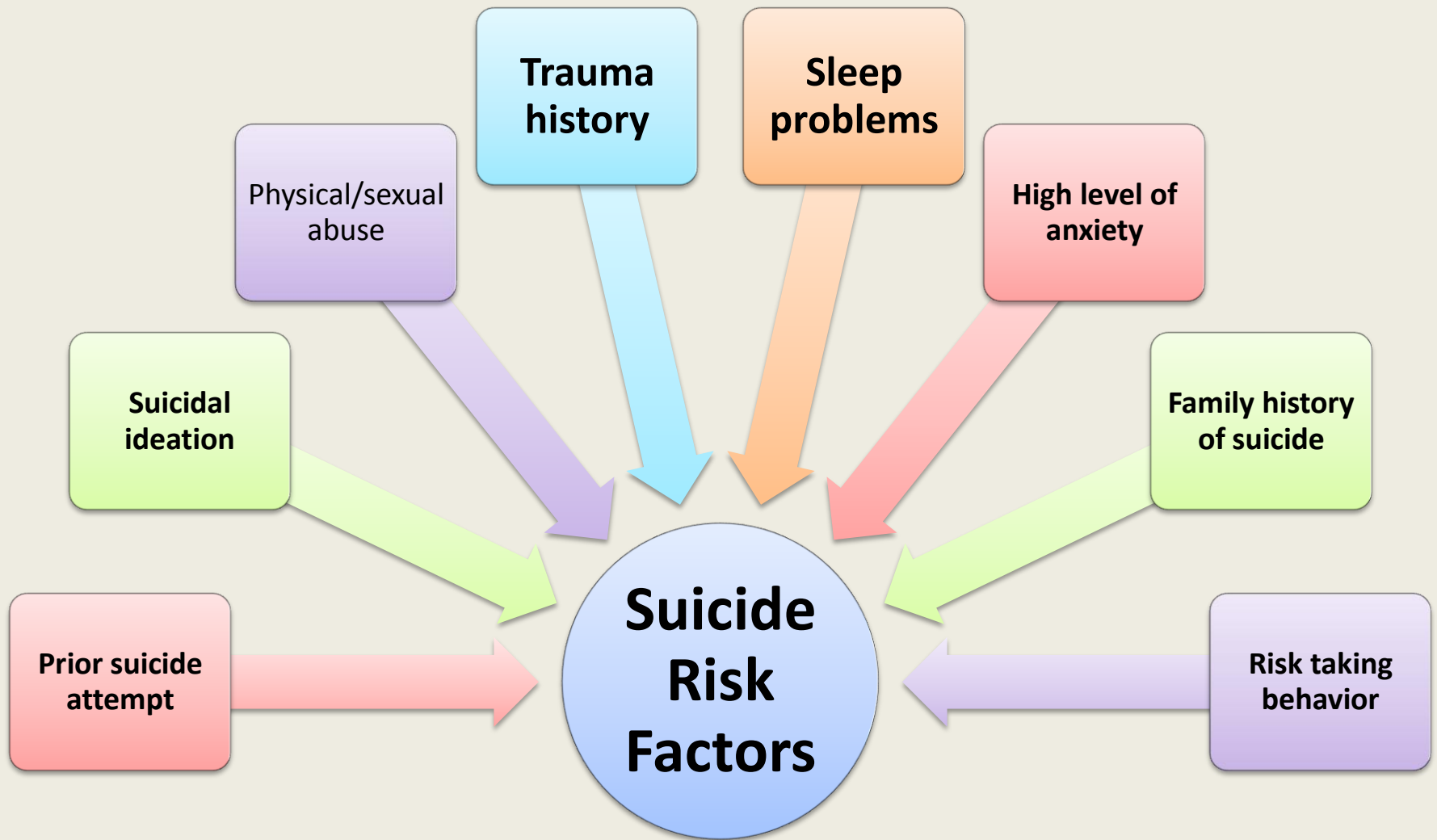
### **Warning Signs:**

Are more dynamic and proximal factors that indicate the presence of a current suicidal crisis. These signs are observable to others .

### **Risk Factors:**

Are long-standing and (often unchangeable) factors that may predispose individuals to suicidal behavior. These factors may not be directly observable by others including things that have occurred in the past.

(The Interpersonal Theory of Suicide, Joiner 2009)



**Talking or writing about death, dying or suicide, when these actions are out of the ordinary**

**Threatening to hurt or kill him or herself**

**Warning Signs of  
Acute Suicide Risk**

**Talking of wanting to hurt or kill him/herself**

**Looking for ways to kill him/herself by seeking access to firearms, available pills or other means**



# **Additional Suicidal Warning Signs**

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- Purposelessness/lack of meaning in life
- Heightened anxiety or agitation
- Feeling trapped, resistance to help
- Feeling disconnected
- Hopelessness/helplessness/worthlessness
- Uncontrolled anger or rage, seeking revenge
- Dramatic mood changes



# Protective Factors

**Access to  
medical/psychological  
care**

**Motivation for  
treatment**

**Restricted access to  
lethal means**

**Connectedness to  
family & community**

**Problem solving skills**

**Cultural traditions &  
influences**

**Stable/strong  
relationship**

**Religious & spiritual  
beliefs**



## The Next Steps

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- **Risk Assessment**
- **Evaluating Suicide Risk**



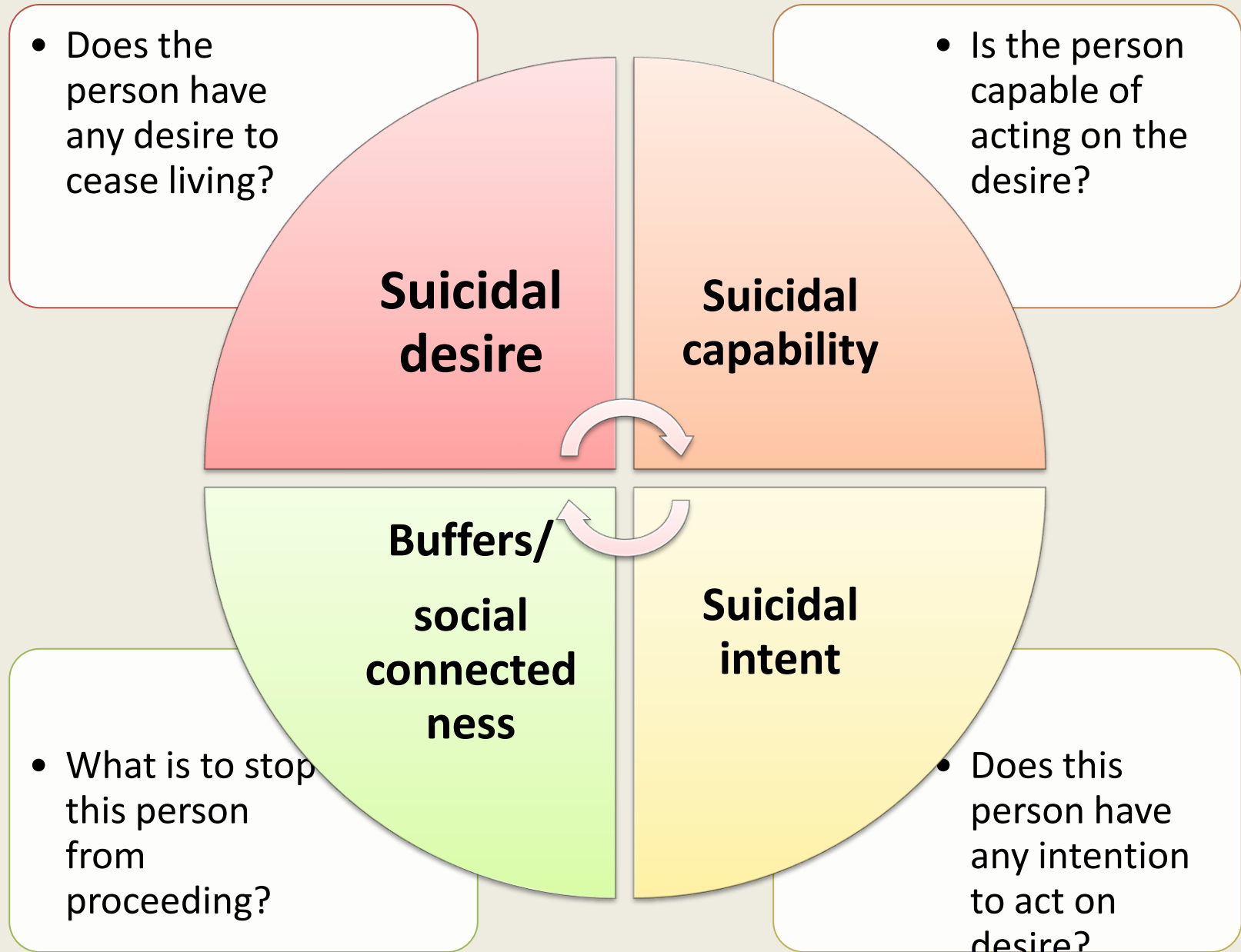


## Helpful Guidelines

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- The emphasis is the person's experience and feelings
- Active listening
- Convey sense of confidence and safety
- No assumptions, no judgments
- No arguing, distracting, trying to "cheer up"
- Know your role, and also your limitations

# Areas to Assess for Risk





## Asking the Tough Questions

- Asking people about suicide or other self-destructive acts can be frightening.
- A suicidal person is typically relieved to be asked.
- Asking if someone is suicidal will not make them more suicidal (won't "plant a seed")



## **It's OK to ask directly....**

- Do you feel so hopeless that you think about killing yourself?’
- ‘You said that you feel like there is no way out, have you been thinking about suicide?’
- ‘Are you feeling suicidal?’
- ‘Is there a way to end your emotional pain without ending your life?’





# Identifying Risk

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- Ask about a plan: “How do you think you’ll kill yourself?”
- Ask about means: “Do you have what you need to enact your plan?”
- Ask about attempts: “Have you ever tried to kill yourself before”
- If there have been attempts, ask: “When did you try to kill yourself? What did you try? What happened?”



## Assessing Intent to Die

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- Why do you want to die? Why do you want to die now? Has anything happened?
- Have you done anything to prepare for your death? (e.g., writing a will, letters to loved ones, postings on Facebook etc.)
- Have you rehearsed your suicide in anyway? In other words, have you gotten [item for killing yourself] out and gone through the steps to kill yourself?

(Rudd, D.M. (2006) The Assessment and Management of Suicidality)





## Exploring Protective Factors

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- Even though you've had a very difficult time, something has kept you going. What are your reasons for living?
- Are you hopeful about the future?
- What would need to happen to help you be more hopeful about the future?
- What keeps you going in difficult times like this?
- Whom do you rely on during difficult times?

Rudd, D.M. (2006) The assessment and Management of Suicidality)



# Goals of Intervention in a Suicidal Crisis

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1. Help at risk person recognize the trigger of the crisis and help him or her understand thoughts and feelings about the trigger. *(Recent breakup, recent loss, recent trauma)*
2. Help the at risk person act in a way that will deactivate the suicidal crisis. *(Increase coping skills, help him or her explore reasons for living or ambivalence towards death)*
3. Help the at risk person gain access to emergency care if the suggested strategies are ineffective in reducing suicidal symptoms. *(When to call parents, 911, or take to hospital)*



# What is Safety Planning?

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## Safety Planning

Prioritized written list of coping strategies and resources for use during a suicidal crisis:

- Uses a brief, easy-to-read format in the individuals own words. Helps provide a sense of control.

- Can serve to motivate people to engage in treatment.

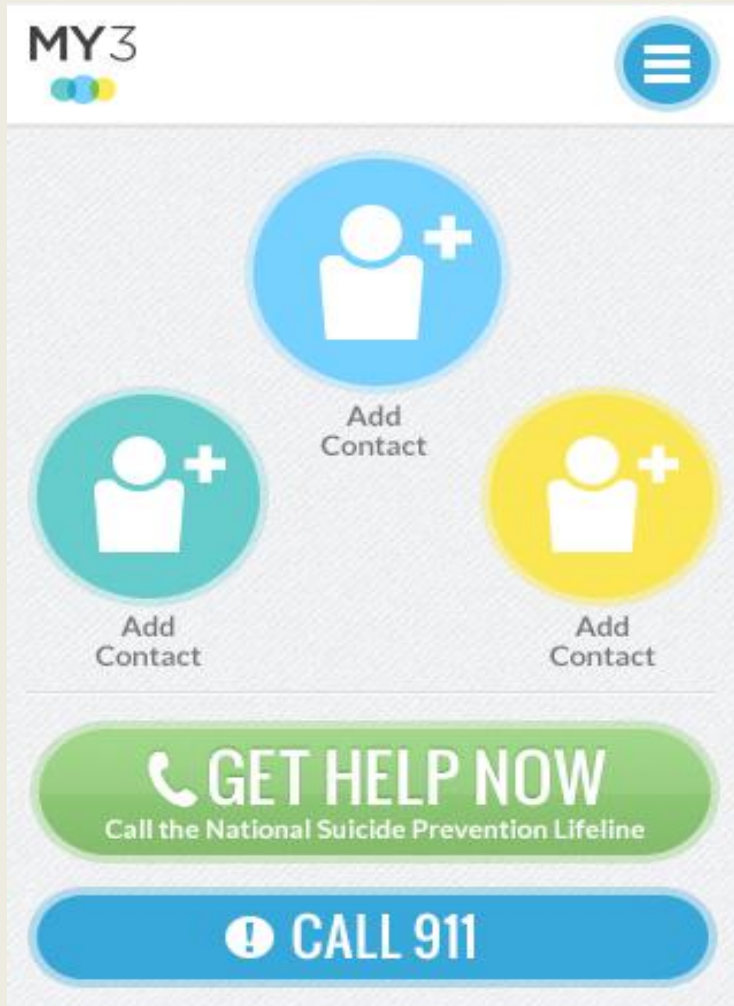
## Safety Planning **IS NOT** a No-Suicide Contract

No-suicide contracts:

- Ask people to promise to stay alive without telling them how to stay alive

- Provide a false sense of assurance to the counselor

# MY3 Features: Homepage



- Main page
- Add **3 primary contacts**
- Pre-loaded with buttons to call National Suicide Prevention Lifeline and 911

# MY3 Features: Safety Plan



- Follows Safety Plan by Barbara Stanley & Gregory Brown (2008)
- A tiered plan that provides activities for distraction, and people to call on depending on degree of suicidality
- A **tool** in your therapeutic relationship; a **plan to stay safe** for the individual
- Can be emailed

# Virtual Hope Box App



**Developed by: US Department of Veterans Affairs**

# Next Steps: Planning for Safety



# Case Study: Jane

Jane age 23, white female, has been referred to you for peer counseling. She lives with her brother and mother.

Jane started college last year. She did very well her first year of college. She joined several clubs and tried out and got a position on the college softball team. In her senior year of high school she met Zack whom she dated until about 3 months ago when they broke up. Since the break up Jane has dropped out of all of her clubs. She quit the softball team with out any explanation. Several of her teachers noticed that her grades have begun to drop. Two weeks ago Jane was arrested for being drunk in public and having marijuana while in class.

Jane's mother Suzanne reports that Jane never leaves her room. She will not speak to her or her brother. She has has lost weight.



The few times that Jane has left the house when she returned home her brother and mother have noticed she smells like alcohol and marijuana. After her arrest Jane told her brother that, 'everyone would be better off without her'.

A week ago Jane's brother noticed a posting on Jane's Facebook page that said, 'without Zack life was empty and It would be better if she could just take the pills and end it.' Her brother showed the posting to Suzanne (Jane's mother) and that is when Suzanne brought Jane to see you.

Jane has a history of self-harm. In her family she has an uncle with bi-polar disorder and an aunt with depression. Her father was killed in an auto accident when she was 10. Her mothers father died by suicide.



# Safety Planning Reminders

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- Don't leave person alone
- Remove access to the means
- Call a Crisis Hotline for support and/or consultation
- Follow Protocols

24-Hour Crisis Line  
**1-800-309-2131**

National Suicide Lifeline  
**1-800-273-TALK**

Contact additional support:

- Doctor, Mental Health Professional, Preferred Support System
- Hospital



# Conclusion

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The most important question to a potentially suicidal person:

“Where do you hurt and how can I help?”

***Edwin S. Shneidman***



# Resources Used In This Presentation

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American Association of Suicidal – [www.suicidology.org](http://www.suicidology.org)

Suicide Prevention Resource Center – <http://www.sprc.org>

The Assessment and Management of Suicidality, M. David Rudd

The Interpersonal Theory of Suicide: Guidance for Working with Suicidal Clients

T.E. Joiner, K.A. Van Orden, T.K. Witte, & M.D. Rudd

Myths About Suicide – Dr. Thomas Joiner

The Suicidal Mind – Edwin S. Shneidman



# Contact Information

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